

ATZ ANOZIRA

BARRON
BARRON

RETURN TO

MARGIN RESERVED FOR BINDING

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. ²¹⁴ 146

Place of Birth Miami

County Dade

No. P. Rico Cannon

St.

(Registration District)

SEX OF CHILD	Twin Triplet or other	and	Number in order of birth
<u>Female</u>	<u>1</u>		<u>7</u>

DATE OF BIRTH April 27 1930
(Month) (Day) (Year)

FULL NAME Narciso FATHER baona

FULL MAIDEN NAME Jerese MOTHER harasette

I HEREBY CERTIFY that the child described herein
has been named

Ester

(Give name in full)

baona

(Surname)

(Parent's Signature)
Louise Leonora
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45